



IDAHO DEPARTMENT OF  
HEALTH & WELFARE

Division of Licensing & Certification

DDA/ResHab Certification - Statement of Deficiencies

<b>Agency:</b>	Crosspointe Mental Health, LLC dba Crosspointe Family Services	<b>Region(s):</b>	5
<b>Agency Type:</b>	DDA	<b>Survey Dates:</b>	07/01/15
<b>Certificate(s):</b>	DDA-5331 (Center) DDA-5323 (Office only)	<b>Certificate(s) Granted:</b>	<input type="checkbox"/> 6 - Month Provisional <input checked="" type="checkbox"/> 1 - Year Full <input type="checkbox"/> 3 - Year Full

Rule Reference/Text	Findings	Agency's Plan of Correction (Please refer to the Statement of Deficiencies cover letter for guidance)	Date to be Corrected (mm/dd/yyyy)
16.03.21.410.01.c. 410. GENERAL TRAINING REQUIREMENTS FOR DDA STAFF. Each DDA must ensure that all training of staff specific to service delivery to the participant is completed as follows: 01. Yearly Training. The DDA must ensure that staff or volunteers who provide DDA services complete a minimum of twelve (12) hours of formal training each calendar year. Each agency staff providing services to participants must: c. Be trained to meet any special health or medical requirements of the participants they serve. (7-1-11)	One of three employee record review lacked documentation the employee was trained to meet any special health or medical requirements of the participants they serve.  For example: Employee 6's record lacks documentation she received training to meet participant 2's special health and medical requirements. The participant is diagnosed with autism and mood disorder.	1. We have developed a specific training log form that is completed upon hire indicating that staff will participate in client specific training for all agency clients. The participant file also outlines specific needs/accommodations, plans and goals. This client specific training is scheduled for existing staff on 08/06/15. 2. We have added this area to the quality assurance documents in addition to the new hire checklist that is completed by the program manager. 3. This corrective action will be implemented by the program manager and clinical director.	7/15/2015



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		4. <i>The clinic administrator will have oversight regarding this corrective action plan and will work with the program supervisor and clinical director to insure that the issues are monitored and the program is functioning smoothly. The corrective action plan has been implemented and completed.</i>	
16.03.21.601. 601. Each DDA certified under these rules must maintain accurate, current, and complete participant and administrative records. These records must be maintained for at least five (5) years. Each participant record must support the individual's choices, interests, and needs that result in the type and amount of each service provided. Each participant record must clearly document the date, time, duration, and type of service, and include the signature of the individual providing the service, for each service provided. Each signature must be accompanied both by credentials and the date signed. Each agency must have an integrated participant records system to	Two of three participant record review lacked documentation the employee clearly documents the date, time, duration, and type of service, and include the signature of the individual providing the service, for each service provided. Each signature must be accompanied both by credentials and the date signed.  For example: Participant 1 and 2's record lacked documentation the employee's signature is accompanied both by credentials and the date signed.	1. <i>We have added a policy that outlines the process of completing notes and provided a training log that documents that the staff is aware of what is required to have complete documentation of each session. In addition the policy also indicates that the billing systems will double check for accuracy regarding date, time, signature and credential is in place before the claims are submitted. We will review this process and training will take place on 08/06/15</i>	07/17/15



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provide past and current information and to safeguard participant confidentiality under these rules. (7-1-11)		<i>regarding note documentation.</i> 2. <i>We have audited the participant charts to insure that all documentation has been signed, dated, type of service rendered, and credential present.</i> 3. <i>This process will be completed by the program manager and the administrative biller.</i> 4. <i>We have added this area and specific requirements to the quality assurance checklist.</i> 5. <i>This corrective action has been completed as of 07/17/15</i>	

<b>Agency Representative &amp; Title:</b> Mark Gritton, LCPC, Jennie Fullmer, M.Ed, Brooke Covington, Program Manager. <i>* By entering my name and title, I agree to implement this plan of correction as stated above.</i>	<b>Date Submitted:</b> 7/17/2015
<b>Department Representative &amp; Title:</b> Pam Loveland-Schmidt, Licensing & Certification <i>* By entering my name and title, I approve of this plan of correction as it is written on the date identified.</i>	<b>Date Approved:</b> 7/20/2015